EXAMINER'S ISSUE CHECKLIST

Seria	ial No:		
INST	PRUCTIONS: Fill out checklist while and BEFORE it is counted. Each it the application is considered rea	tem must be completed befor	
EXAMI	MINER:		
CIAIMS & SPECIFICATION All dependent claims depend from a preceding active claim Index of claims renumbered in black ink Brief Description of Drawings matches drawing figures Continuing data in specification matches cover of file			
DPAWINGS O.G. Figure noted on drawings Issue Class/subclass noted on drawings (must agree with Blue Slip) Yellow tag completed if required Proposed drawing changes approved/disapproved			
	77	1449 Signed & dated All blank spaces lined through	
1/	If no references are cited by the examiner, place a form PTO 892 in the file and write "none" across its face. There must be at least one PTO - 892 form in each allowed file. PATH/DECLARATION Residence stated If any of these are omitted, attach a PTO-152 to the		
	Post office address stated PTOL-37 and che Citizenship stated	eck eppropriete boxes on both forms.	
	TE WRAPPER (All boxes filled in and initialed or signed) Interference Searched (box filled in and initialed) Continuing Data (updated, initialed and matches specification) Foreign/PCT Data (initialed) Foreign Priority conditions (Yes/No and initialed) Claims Allowed (two boxes) Drawing (3 boxes) Issue Classification (two boxes which must agree with blue slip) Assistant Examiner (fill in name or line through box)		
© 1 © 1 © 1	ARY EXAMINER OR SPE: BLUE SLIP PTOL - 37 FACE OF FILE ALL SIGNATURES MATCH (on blue slip,	APS SEARCH CONDUCTED © YES © NO PTOL-37 and face of file)	
INITI	IAL THIS FORM:	.//	
•	Assistant Examiner	Date 10/22/04	
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